



ILLINOIS STATE TREASURER'S EMPLOY ILLINOIS: CHILD CARE PROGRAM APPLICATION

Tracking Number

Office Use Only

APPLICATION TO PARTICIPATE IN THE TREASURER'S EMPLOY ILLINOIS: CHILD CARE PROGRAM

This form is to be completed by an existing child care provider, or potential provider, seeking to borrow funds from a financial institution for a project that is eligible for support under the Employ Illinois: Child Care Loan Program sponsored by the Office of Illinois State Treasurer Alexi Giannoulis. This form should be completed with the assistance of the financial institution that will be the lender. The information on this form will allow the Treasurer's Office to determine eligibility for participation in the program. ***Please type all requested information. Use separate sheets and cite section numbers where appropriate.***

Section 1

APPLICANT/FINANCIAL INSTITUTION INFORMATION

Type of Child Care Loan

☐ New facility ☐ Facility expansion

1.1 Briefly describe the use of the deposit:

1.2 Applicant Information:

Applicant Name:

Address:

City, County, State, Zip:

Tax I.D. Number:

Contact Person:

Phone Number:

How did you hear about this program?

Title:

Fax Number:

E-mail Address:

1.3 Financial Institution:

Institution Name:

Address:

City, County, State, Zip:

Contact Person:

Phone Number:

Title:

Fax Number:

E-mail Address:

Section 2

PROJECT/LOAN INFORMATION

Please type the following information on separate sheets, as needed, in the following format. Use the section numbers provided.

2.1 Project Information:

2.1.1 Provide a detailed description of this business and purpose of this project.

2.1.2 Location of the project (Street, City, County and Zip Code).

2.1.3 A description of the benefit to the community.

2.1.4 An explanation of the need for funding through the State Treasurer's Employ Illinois: Child Care Loan Program.

2.1.5 A detailed description of the proposed use of the funds requested.

2.1.6 The negative implications if this child care facility is not opened or expanded.

2.1.7 The number of child care slots that will be created.

2.1.8 A brief explanation why other loan financing is not adequate and why the Treasurer's linked deposit is the necessary incentive for the project to be implemented.

2.2 Financial Information:

2.2.1 Term of deposit: (2 year maximum initial deposit with a possible 3-year renewal)

2.2.2 Amount of deposit requested: (deposit amount cannot exceed loan value)

2.2.3 Additional funding sources and amounts: List if applicable (i.e. equity, grants, loans, etc.)

Source:

Total cost of project: (Including this deposit request and additional funding sources)

\$

Amount:

\$

\$

\$

2.3 Funding Information:

2.3.1 Property Acquisition: (Attach a fully executed sales contract.)

2.3.2 Construction/Leaseholder Improvements: (Attach contractor's cost estimates.)

\$

\$

2.3.3 Equipment: (Attach price quotes from vendors.) \$ _____
 2.3.4 Working Capital (Attach an itemized list of working capital needs.) \$ _____
 Total: \$ _____

Section 3

LICENSING/ENROLLMENT INFORMATION

NOTE: If this application is for a NEW FACILITY, complete part 3.1. If this application is for a FACILITY EXPANSION, complete part 3.2.

3.1 Child Care NEW FACILITY:

- 3.1.1 Does the application have a Department of Children and Family Services (DCFS) license application pending for the opening? ☐ Yes ☐ No
- 3.1.2 What is the approximate anticipated capacity of the applicant's facility? _____
- 3.1.3 How many staff members (including yourself) do you expect to hire? _____
- 3.1.4 Attach a copy of the application for a DCFS license. _____

3.2 Child Care EXPANSION:

- 3.2.1 What is the current capacity of the applicant's facility? _____
- 3.2.2 How many additional child care slots will be created as a result of the expansion? _____
- 3.2.3 Does the applicant hold a valid Department of Children and Family Services (DCFS) license? ☐ Yes ☐ No
- 3.2.4 What is the license number? _____
- 3.2.5 Does the applicant have a DCFS license application pending for the expansion? ☐ Yes ☐ No
- 3.2.6 How many additional staff members will you hire as a result of the expansion? _____
- 3.2.7 Has the applicant's license ever been surrendered, revoked or subject to DCFS discipline? ☐ Yes ☐ No
(If yes, please attach a typed explanation.)
- 3.2.8 Attach a copy of your current license and a copy of the application for expanded license. _____

Section 4

CERTIFICATIONS & ACKNOWLEDGEMENTS

By signing below the applicant agrees and certifies as follows:

- The State Treasurer's Office may withdraw the deposit and the financial institution may accelerate repayment of the loan if the borrower fails to satisfy all of the requirements of the Employ Illinois: Child Care Loan Program.
- Neither the applicant, nor an immediate family member of the borrower, is a director, officer or employee of the financial institution or the State Treasurer's Office.
- The applicant understands that all information and documentation regarding the State Treasurer's Employ Illinois: Child Care Loan Program is public information. The State Treasurer's Office may release any information provided to it by the applicant and may also release any information regarding the approval or rejection of the application.
- The applicant understands that the State Treasurer's Office may reject any application for any reason at its sole discretion.
- The applicant will satisfy all of the Treasurer's Employ Illinois program requirements and will comply with all DCFS standards.
- The applicant will notify the Treasurer's Office, in writing, within seven business days from the date that the status of my (our) DCFS license changes.
- The applicant has read the DCFS licensing standards and determined that the proposed project is in compliance with those standards.
- The applicant will allow signage - provided by the Treasurer's Office - to be displayed at the project site listing contact information regarding this program.
- Borrower acknowledges that the Treasurer's Office may perform site visits at the project location for compliance purposes. Borrower also agrees to cooperate with the Treasurer's Office in carrying out the site visit.
- I (we) certify, to the best of my (our) knowledge, that the foregoing statements and the information I (we) have provided are true and complete. I (we) shall promptly notify the Illinois State Treasurer's Office of any changes in the information provided. I (we) understand that a false or incomplete statement may result in the Treasurer's Office withdrawing the deposit and the financial institution accelerating the repayment of the loan without penalty and both entities seeking any other available relief. **I (we) also understand that an individual who provides a false statement may be subject to criminal prosecution under the Illinois Criminal Code (720 ILCS 5 et seq.).**

Applicant Signature: _____ Title: _____
 Print Name: _____ Date: _____
 Applicant Signature: _____ Title: _____
 Print Name: _____ Date: _____

Please return this completed application, Project/Loan Information and Licensing/Enrollment Information to:

**Illinois State Treasurer Alexi Giannoulas
 Employ Illinois: Child Care Program
 100 West Randolph Street, Suite 15-600
 Chicago, Illinois 60601
 Phone: (312) 814-8953 • Fax: (312) 814-3716
 www.treasurer.il.gov**